## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10823177

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			8			٠		RATE	FEE	7	RATE	FEE
FOR .			NUMBER FILED		NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			8 minus 20=		* —			X\$ 9=		OR	X\$18=	
INC	DEPENDENT C	LAIMS	₩ minus 3 =		1			X43=		OR	X86=	86
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	856	
CLAIMS AS AMENDED - PART II											OTHER	THAN
						(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		· X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	CLAIM	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
•								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)					10011.122	
9		CLAIMS REMAINING		HIGH	EST		Ιг		ADDI-	1		ADDI-
AMENDMENT B		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	** .		= .		X\$ 9=		OR	X\$18=	
<b>√ME</b>	Independent	*	Minus	***		= .	lΓ	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		1 <b> </b> -			•		
								+145=		OR	+290=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
							, .					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	(Colum HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	www.		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= .		X43=			X86=	
٧ [	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
								+145=		OR	+290=	
** [	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL DDIT. FEE	
		mber Previously Pa ber Previously Paid						DIT. FEE <b>L</b>	opriate box			